



**MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION  
RIGHT OF WAY DIVISION**

2801 W. Durango Street

Phoenix, AZ 85009

Phone: (602) 506-2914 Fax: (602) 506-4161

**ROADWAY ABANDONMENT APPLICATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, Arizona ZIP: \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_ FAX NO. ( ) \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

1. Location of Request: (ex: 3200 W. Dove Valley Road, Phoenix):

\_\_\_\_\_  
\_\_\_\_\_

2. Description of Request: (ex: Abandonment of 30' of Right-of-Way bordering the South side of parcel \_\_\_\_ - \_\_\_\_ - \_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_

3. Comments/Special Requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach a copy of your warranty deed and legal description.

5. Please List any known utilities located in the requested abandonment area:

\_\_\_\_\_

6. Attach and include any other information deemed necessary.  
(ex. Legal Description, etc.)

Fee Per Alignment: <b>\$250.00</b> Total Received # _____ Date: _____	Rec'd By: _____
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Signature of Applicant\* \_\_\_\_\_

\_\_\_\_\_ Date

\*Applicant is required to be the current owner of the described property.

(Or legally authorized to represent the owner, proof must be submitted with this form)